



In re application of:

Carlos A. Hoyos

Serial No: 09/854,764

Confirmation No.: 8884

Filed: May 14, 2001

For: Remote Controlled Imaging System (as amended)

Art Unit: 2612

Examiner: Misleh, Justin P.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450, on
 February 10, 2005

Date of Deposit
 Juanita Soberanis
 Name
 Signature Date February 10, 2005

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the application are the following items.

- ☒ Amendment
☒ Petition for Extension of Time (3-months)
☒ Return Postcard

The fee has been calculated as shown below:

THIS FEE HAS BEEN CALCULATED AS SHOWN BELOW:						
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	[#CLMS AFTER AMDT]	-	[HIGHEST # PD] **	0	LG=\$50 SM=\$25	\$ [FEE]
INDEPENDENT CLAIMS FEE	[# IND CLMS AFTER AMDT]	-	[HIGHEST # IND CLMS PD] ***	0	LG=\$200 SM=\$100	\$ [FEE]
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ [FEE]
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ [FEE]
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$510.00 for Petition for Extension of Time (3-months) and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

Date: February 10, 2005

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By:

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